

This form is for School Safety Specialists ONLY- Not for Guests
Advanced Level, Groups 1-6
Indiana School Safety Specialist Academy

Registration Form (Option 1)
October 26-27, 2005*

TO: Ryan Stewart, Administrative Assistant
FAX 317-232-9140

FROM: _____
(Please print or type name, as you would like it to appear on the nametag.)

School/Organization: _____

Telephone Number: _____ FAX: _____

E-mail: _____

Please Indicate which **TRAINING** you will attend:

____ Advanced Training Keynote and breakout sessions

____ How to Conduct Tactical Site Surveys for School Facilities

CRU's/Law Enforcement Hours (Please ☒ your request):

☐

I am requesting CRU's (3 CRU's each day of attendance)

Social Security # _____

(Please note: Social Security number is mandatory to receive CRU)

☐

I am requesting Law Enforcement Hours (6 hours per day)

☐

I do not request CRU's or Law Enforcement Hours for this training.

CRU's/Law Enforcement Hours will be presented to participants at the close of the 2nd day of training at the registration table. CRU's/Law Enforcement Hours cannot be issued retroactively. Please contact David Woodward at 317-232-6975 or dwoodwar@doe.state.in.us with questions.

Check **MEALS** you will attend (October 26-27, 2005):

____ Continental Breakfast ____ Lunch

* Please note: Meals provided by the **Indiana School Safety Specialist Academy**.

Special Dietary Needs (Please ☒ your request):

☐

Diabetic

☐

Vegetarian

☐

Kosher

Please FAX to Ryan Stewart at 317-232-9140 by September 23, 2005. Questions regarding registration and meals, contact Ryan at 317-234-1362 or rstewart@doe.state.in.us.